

**FOR INSTRUCTIONS, SEE BACK OF FORM****CHECK ONE:**

- ☐ This is an **initial** Statement of Organization
- ☐ This is an **amended** Statement of Organization

"An initial Statement of Organization should be filled within 10 days of the committee's accepting contributions, making expenditures or incurring indebtedness exceeding \$750. Amendments should be filed within 30 days of a change. Penalties may be imposed for late-filed Statements of Organization."

**FORM**  
**DR-1**  
(Rev.  
01/2003)

**STATEMENT**  
**OF**  
**ORGANIZATION**

**For Office Use Only**

Comm. #  
Indexed  
Audited  
Computer

21086

**COMMITTEE NAME**

FRIENDS OF THE HAMPTON CITY POOL

**IMPORTANT: Indicate type of committee you are reporting for:**

(1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate (5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee (8) Support slate of candidates (list candidates under purpose of committee)

**COMMITTEE TREASURER**

Name Don Jeter  
Mailing Address 705 2nd Ave SE  
City, State Zip Code Hampton IA 50441  
Phone (641) 456-4346  
e-Mail \_\_\_\_\_

**COMMITTEE CHAIR**

Name Ron Roney  
Mailing Address 971 Glenoaks Dr  
City, State Zip Code Hampton IA 50441  
Phone (641) 456-4487  
e-Mail \_\_\_\_\_

**INDICATE PURPOSE OF COMMITTEE – Check One Box** ☐ Advocate for/against candidate(s) ☒ Advocate for/against ballot issue(s)

Comment or description:

All Candidates Enter:

Office Sought: \_\_\_\_\_

District: \_\_\_\_\_

Political Party (if applicable): \_\_\_\_\_

Year Standing for Election: \_\_\_\_\_

County/Local Candidates and Local Ballot/Franchise Committees Enter:

County: \_\_\_\_\_

Date of Election: \_\_\_\_\_

**Bank Account Name**

Name of Financial Institution/type of Account

Mailing Address

City State Zip

**Candidate name & Address or Parent Entity (PACs, if applicable), Affiliate, or Sponsor**

Mailing Address

City State Zip

Phone ( )

e-Mail

**DISPOSITION OF BALANCE OF FUNDS UPON DISSOLUTION**

Indicate disposition of funds by marking appropriate number in box ☒

(1) DONATED TO \_\_\_\_\_ COUNTY CENTRAL COMMITTEE

(5) PROPORTED REFUND TO CONTRIBUTORS

(2) DONATED TO \_\_\_\_\_ LOCAL/STATE/NAT'L POLITICAL PARTY (underline one)

(7) TRANSFER TO ANOTHER COMMITTEE OF THIS SAME CANDIDATE

(3) DONATED TO CHARITABLE ORGANIZATION

(CANDIDATES ONLY)

(specify) Franklin County Residents Active in

(8) RETURN TO PARENT ENTITY GENERAL FUND (PACS ONLY)

(4) CITY/COUNTY/SCHOOL/STATE OF IOWA GENERAL FUND (underline one)

(9) OTHER (PACS ONLY), PLEASE BE SPECIFIC

(5) PARTISAN CONGRESSIONAL DISTRICT FUND

**STATEMENT OF AFFIRMATION BY TREASURER AND CANDIDATE; OR POLITICAL COMMITTEES, BY CHAIRPERSON**

I am aware that I am required to file disclosure reports if the committee receives contributions, makes expenditures, or incurs indebtedness in excess of \$750.00 in a calendar year to expressly advocate for any candidate or ballot issue. I understand that although the treasurer normally prepares and files reports, the candidate or chairperson (PACs) is responsible under the law for accurate and timely disclosure reports and that late-filed reports are subject to civil penalties and possible other legal action. I understand that by filing this form, I am subject to the laws found in Iowa Code chapter 56, chapter 68B and administrative rules found in chapter 351. I affirm that all committee officers have been informed of their appointment and obligations.

Signature of Treasurer

Date Signed

Signature of Candidate, OR, if PAC, Central Committee or Local Ballot Issue, Chairperson

Date Signed